

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF RHODE ISLAND

CHAPTER 13 PLAN and COVER SHEET

Filing Date: _____

BK No. _____

Debtor: _____

Co-Debtor: _____

SS#: _____

SS#: _____

Address: _____

Address: _____

Debtor's Counsel: _____

Address: _____

Telephone #: _____

Facsimile #: _____

Attached to this cover sheet is the Chapter 13 Plan filed by the Debtor(s) in this case. This Plan sets out the proposed treatment of the claims of creditors. The claims are set forth in the bankruptcy schedules filed by the Debtor(s) with the Bankruptcy Court.

Notwithstanding the scheduling of your claim by the Debtor(s), in order to participate in the distribution under the plan, you MUST file a proof of claim by the claims bar date contained in the § 341 notice. See below.

You will receive a separate notice from the Bankruptcy Court of the scheduled creditors' meeting pursuant to 11 U.S.C. § 341. That notice will also establish the bar date for filing Proofs of Claims, as well as the date scheduled for the hearing on confirmation of the Debtor(s) chapter 13 plan. Pursuant to Local Bankruptcy Rule 3015-3, any objections to confirmation of a chapter 13 plan shall be filed no later than seven (7) days before the hearing date on confirmation.

CHAPTER 13 PLAN

BK No. _____

Debtor(s) (H): _____ SS#: _____

(W): _____ SS#: _____

Term of the Plan: _____ Months

Plan Payment: Debtor(s) to pay monthly: \$ _____

I. SECURED CLAIMS

A. CLAIMS TO BE PAID THROUGH THE PLAN (INCLUDING ARREARS):

Creditor Description of claim (pre-Amount of claim petition arrears, purchase money, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total of secured claims to be paid through the Plan \$ _____

B. CLAIMS TO BE PAID DIRECTLY TO CREDITORS (Not through Plan):

Creditor Description of claim

In re: _____

BK No. _____

II. PRIORITY CLAIMS

Creditor Description of Claim

Amount of claim

\$ _____

\$ _____

\$ _____

DOMESTIC SUPPORT OBLIGATIONS

Check here if NONE

☐

Description of Obligation

Amount

\$ _____

\$ _____

\$ _____

Total of priority claims to be paid through the plan \$ _____

III. ADMINISTRATIVE CLAIMS

A. Attorneys fees (to be paid through the Plan): \$ _____
(to be paid in first 12 months of Plan)

B. Miscellaneous fees:

Creditor Description of claim

Amount of claim

\$ _____

\$ _____

\$ _____

In re: _____

BK No. _____

C. The Chapter 13 Trustee's fee is determined by order of the United States Attorney General. The calculation of the Plan payment set forth below utilizes a 10% trustee's commission.

In the event that the trustee's commission is less than 10%, the additional funds collected by the Trustee shall be disbursed to unsecured creditors up to 100% of the allowed claims.

IV. UNSECURED CLAIMS

The general unsecured creditors shall receive a dividend of ____% of their claims.

A. General unsecured claims: \$_____

B. Undersecured claims arising after lien avoidance/cramdown:

Creditor Description of claim Amount of claim

_____ \$_____

_____ \$_____

_____ \$_____

Total of A + B general unsecured claims: \$_____

C. Multiply total by percentage of dividend: \$_____

(Example: total of \$38,500.00 x .22 dividend = \$8,470.00)

D. Separately classified unsecured claims (co-borrower/student loan, etc.):

Creditor Description of claim Amount of claim

_____ \$_____

_____ \$_____

_____ \$_____

In re: _____

BK No. _____

Total amount of separately classified claims

payable at ____%: \$ _____

V. OTHER PROVISIONS:

A. Liquidation of Assets to be used to Fund

Plan: _____

_____.

B. Modification of Secured Claims:

Set forth details of modifications below or in attached sheets. This information should include name of creditor and detailed explanation of the modification. The total amount of the secured claim that is to be paid through the Plan (inclusive of interest) should be set forth in Section I of this Plan. The Debtor must also file a motion pursuant to R.I. LBR 3015-2 to modify the secured claim.

C. Additional Miscellaneous provisions: _____

In re: _____

BK No. _____

VI. CALCULATION OF PLAN PAYMENT

a. Secured claims (Section I-A Total): \$ _____

b. Priority claims (Section II Total): \$ _____

c. Administrative claims (Section III A + B Total): \$ _____

d. General unsecured claims (Section IV-C Total): \$ _____

e. Separately classified unsecured claims

(Section IV-D Total): \$ _____

f. Total of (a) through (e) above: \$ _____

g. Divide (f) by .90 for total cost including Chapter 13 trustee's fee (this represents the total amount to be paid into the Chapter 13 plan):

Total Cost of Plan: \$ _____

h. Divide (g) Cost of Plan by Term of Plan: _____ months

i. Round up to nearest dollar:

Monthly Plan Payment: \$ _____ (enter this amount on page 1)

Pursuant to 11 U.S.C. § 1326(a)(1), unless the Court orders otherwise, a Debtor shall commence making the payments proposed by a plan within thirty (30) days after the Plan is filed.

LIQUIDATION ANALYSIS

I. Real Estate:

Address Fair Market Value Recorded Liens (Schedule D)

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

In re: _____

BK No. _____

Total Net Equity for Real Property: \$ _____

Less Exemptions (Schedule C): \$ _____

Available Chapter 7: \$ _____

II. Automobile (Describe year, make and model):

_____ Value \$_____ Lien \$_____ Exemption \$_____

_____ Value \$_____ Lien \$_____ Exemption \$_____

Net Value of Equity: \$ _____

Less Exemptions (Schedule C): \$ _____

Available Chapter 7: \$ _____

III. All Other Assets (all remaining items on Schedule B):
(Itemize as necessary)

Value: \$_____ Less Exemptions (Schedule C): \$_____

Available Chapter 7: \$ _____

SUMMARY (Total amount available under Chapter 7) -- calculated based upon
Net Equity (I and II) plus Other Assets (III) less any claimed exemptions:

TOTAL AMOUNT AVAILABLE UNDER CHAPTER 7: \$ _____

Additional Comments regarding Liquidation Analysis:

In re: _____

BK No. _____

Pursuant to the R.I. LBR 3015-1(b), the Debtor or his/her counsel is required to serve a copy of the Chapter 13 Plan upon the Chapter 13 Trustee, all creditors and interested parties, and to file a certificate of service accordingly.

Debtor's counsel

Date

Address: _____

Telephone #: _____

I/We declare under the penalties of perjury that the foregoing representations of fact are true and correct to the best of our knowledge and belief.

Debtor

Date

Co-Debtor

Date